

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LII.

THURSDAY, MARCH 8, 1955.

No. 5.

POLYPUS OF THE WOMB.

BY WALTER CHANNING, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

DEWEES says, in one of his works on the diseases of females, or on midwifery, that he had never seen a case of uterine polypus. As he was in very large midwifery practice, and was consulted daily for female complaints, this statement seems to be a somewhat remarkable one; and but for his skill in diagnosis, showed in all his writings, one might be led to think that he had not discovered it when it existed.

Twenty-two cases have come under my notice, and in sixteen of which I have operated. In this enumeration are included four cases of poly-poid tumors. In it are some which were concealed, or out of reach. The greater number were extra-uterine. In all was this symptom—periodical hemorrhage, and hemorrhage at other times from accident. This flowing observing in some cases an exact periodicity, may and has led the physician astray from its cause, and has been allowed to continue for months and years, without suspicion of its true cause. It has been treated as *menorrhagia*, and, of course, without the least benefit. We may be deceived in another way. Much blood is lost, and frequently. Still the patient keeps along pretty well. There is paleness, excessive paleness. But there are not other symptoms of anæmia—the pink-colored veins—the absence of coagulated blood, or blood very feebly coagulated—the cerebral, the cardiac, the pulmonary lesions of function. At least much time may pass and anæmic symptoms be wanting. There may be great weakness, loss of appetite—loss of flesh, and yet the observer looks in vain for the signs of the graver disease. In polypus, the blood coagulates, and if retained, in very firm masses, and of a ring-shape, it may be, from the mould, the space between the tumor and the womb, in which it is cast. It is of a dark color when thrown off under these circumstances. Sometimes the coagula are broken, shreddy, but showing firmness. There are pains characteristic of polypus. Especially is that forcing, bearing-down pain which accompanies menstruation. This may be unlike dysmenorrhœa, and the quantity and

characters of the discharge are altogether different from that which characterizes painful menstruation.

Two forms under which polypus may exist were spoken of. And, first, of the *concealed*. Under this head I include cases in which the tumor is contained, and retained in the uterine cavity. In these the loss is often very great, and accompanied by uterine force not exceeded by the demands of labor at the full time, even when these are more than of average strength or necessity. Of this the following is an example.

CASE I.—Mrs. —, between 30 and 40. Has had but one child, a daughter, now between 11 and 12 years old. Is very fleshy, and of sufficient color of complexion. Was some months ago attacked with uterine hemorrhage during menstruation, for which there was no assignable cause. This recurred again and again, and at length uterine contractions came on, which were most distressing by their strength and continuance. Her physician examined her in the intervals of periods, but detected nothing unusual in the cervix or os uteri. No permanent relief was obtained by medicines. At length he examined during a period or just at its close, and found the os uteri open, and just within it a firm and insensible mass. He believed this was a polypus, and wrote for my advice. I recommended ergot of rye to be given during menstruation; and if the tumor protruded, and he should desire my services, I would with pleasure come and see the case with him. He gave ergot as suggested. Uterine force responded, and he found the tumor fairly protruding into the vagina. Upon reaching the address I discovered a cylindrical tumor lying nearly horizontally across the pelvis. It was large and firm. Its outward extremity was against the hollow of the sacrum. I had never met with such a position of a polypus, and it was a question how a ligature could be passed round it. The following method was used. The canulæ were carried up in front of the tumor as far as they could go and as near as possible to the os uteri. One was kept in place there, while the other was slid along the tumor to its other end. It was now carried round this end, and slid back along the tumor till it was opposite the other. The ligature was thus passed round the tumor. The farther ends of the canulæ easily came down until they met, when the slide was passed up and the canulæ made one. The ligature was tightened, and the operation done. The ligature was drawn daily, and in four days the instrument came away. The tumor was removed, and it was found two and a half inches in diameter, where it had been cut through. I am struck with the ease of describing an operation, when compared with doing it. We talk of "carrying up," and of "sliding along," as it were "as easy as lying." I have applied the ligature to polypus often, but in no case has the difficulty of doing it approached to that of this operation. Mrs. — recovered, notwithstanding a protracted dysentery which endangered life.

CASE II.—This occurred in the subject of the first. There was

the same hemorrhage, the same pains at the menstrual period, the same exhaustion, and the same general ill health which accompanied that. It was first noticed between one and two years after the first. Upon examining this patient, a tumor presented which filled the vagina, as does the child's head in labor. It was perpendicular in its direction, and so could be treated after the common manner. The only embarrassments were in the size of the tumor, and its unequal surface. The first made it difficult to pass the canula to the upper part of the vagina, or end of the body of the tumor at the pedicle, and when this was done, great was the difficulty in passing the moveable canula round the tumor to meet the stationary one. This was accomplished, and the ligature drawn tight. It was tightened daily, and after many days came off. The tumor required instruments for its removal. During her convalescence Mrs. ——— was seized with pleurisy of intense violence, and died. The left chest was found filled with pus and serum, and the ordinary lesions of the organ diseased. The womb was carefully examined. It was large, evidently from hypertrophy. The places formerly occupied by the polypi were distinctly visible, but as perfectly smooth, and of as natural appearance as the rest of the cavity. From the fundus—the other polypi rose from the body—from the fundus hung a very small polypus, its pedicle about three fourths of an inch long, and the mass appended to it the size of a small cherry. It was perfect in all its characters, and but for death would have grown, and from its situation would in its growth and weight have probably drawn down the fundus, and have inverted the womb. For the privilege of seeing these interesting cases I am indebted to my friend Dr. Stevens, of South Reading, to whom I owe like acknowledgments for an opportunity to see the same disease under quite a different form.

CASE III.—This was another instance in which polypus appeared twice in the same individual. The patient was unmarried, and was suffering the usual symptoms of the disease. Examination discovered polypus. This was some time after removal by ligature of the first tumor. These operations were done by my friend Dr. J. M. Warren, who has reported them in the Transactions of the Boston Society for Medical Improvement.

CASE IV.—This was a case of *concealed* polypus. Mrs. ———, between 20 and 30, had always excellent health, not the least disturbance of menstruation. She became pregnant, and went her full time and was delivered without accident. Some weeks after confinement she was, without known cause, seized with profuse uterine hemorrhage. This recurred, and her physician, Dr. York, of South Boston, made a very careful examination of the womb. The os uteri was patulous, and at length admitted the finger, and in the cavity of the womb he discovered a tumor. It was firm and insensible. Dr. York desired me to see the patient with him, which I did with pleasure, and examination confirmed his diagnosis. The polypus was an inch in diameter, and was long and cylindrical. I had

taken with me the polypus canulæ, and at Dr. Y.'s request proceeded to apply with them a ligature. It was not easy to do this. The polypus almost or quite filled the cavity, leaving little room to use the finger as a guide. The ligature was passed round the tumor, and drawn very tight. It cut fairly through the mass, and brought away with it a circular bit, not more than a quarter of an inch thick at its centre, and going off to a thin edge—in short, a thin portion of the end of the polypus. There was no hemorrhage at the time, and none afterwards. The polypus entirely disappeared, and the health of Mrs. ——— was soon and satisfactorily restored. The *early examination* by the attending physician, and his *accurate* diagnosis, were of exceeding importance in regard to the result of this case, for already this patient exhibited the alarming signs of dangerous uterine hemorrhage, and might have irrecoverably sunken had not the true nature of the disease been discovered.

While writing, I have been consulted in a case of very alarming uterine hemorrhage in ———, Ohio. Examination has not detected any such uterine lesion as explains the hemorrhage. The patient was about five months pregnant, and aborted without known cause. Hemorrhage soon followed, and had continued to the present time. In my answer to the letter containing these facts, I suggested that concealed polypus might exist in the uterine cavity and cause the flowing.

In consulting Gooch on another point, I find a case in which "for nearly two years the patient had been subject to long and profuse menstrual periods. Fifteen months ago the uterus had been examined by an eminent practitioner, who discovered nothing but that it was larger than natural. About five months ago, during expulsive pains, a tumor had descended into the vagina, and now was so large as to fill the pelvis, and occasion a retention of urine, which required the frequent introduction of the catheter." Here was a case of *concealed polypus*, which very nearly resembles those I have above given, and which last were alluded to in my answer referred to.

CASE V.—This has a story. Two patients were taken in labor the same day. I agreed to attend them both. They lived wide apart, one south and the other north, but a carriage in constant attendance enabled me to see them as often as was needed. Late at night, the case at the south had at my last visit so rapidly advanced that I could not leave. The child was born. The afterbirth did not appear. After waiting the usual time, the hand was introduced along the cord, and the placenta raised. I was surprised to find that a mass of some size still remained attached to the womb. An effort was made to detach it, but I soon saw nothing was to be done in that way, and contented myself with the removal of the afterbirth, which was perfectly natural. What was this growth? It had no malignant characters, certainly had betrayed none before pregnancy, nor after delivery. There was not a sign of polypus about it. There had never been hemorrhage, nor me-

norragic pain in its usual seats. Mrs. ——— had always had rugged health. I concluded, and stated this opinion to my class, that an arrest had occurred of processes in uterine development, which result in the formation of a single cavity, and that the mass I felt might have been a portion of the original partition by which the womb was left somewhat in the state of being partially double. I could reach no other solution of the fact, and left it where it was. As soon as the case was over, I drove north, but found the crisis of the case had arrived about the same hour as did that of the south, when a neighbor doctor had been called in, and the case successfully completed. The day's—the whole day's work, the night being the longest half of it, was now done, and I drove home, which was midway of the extremes of my elaborate practice. I heard nothing more of these patients, who were left perfectly well, till I was called again to the patient whom I *did not* attend, who was again safely confined. Not long after, for such is my memory, I heard that the case which I *did* attend was dead. I was told that she was taken in labor, and sent for the physician she had engaged to attend her, who found an arm was the presenting part; failing to return it, he sent for a physician in consultation. It was agreed to turn the child. The turning was accomplished. Death followed, and upon opening the body the womb was found ruptured, and a polypus attached to the organ. At least I was told it was considered a polypus. By a somewhat singular coincidence, the patient I visited with the one who died after delivery, not long since was seized with excessive menstrual periods. Being greatly reduced, she sent for me. I detected a polypus reaching from the os uteri almost to the external orifice. It was successfully removed, and the case will follow.

CASE VI.—This was an instance of partially concealed polypus. My friend Dr. Morrill called me to see his case, and I may remember it more distinctly from its association with many, many other exceedingly interesting cases which have occurred in the practice of this gentleman, and which I have attended with him. The usual symptoms of polypus were strongly marked in this case; profuse menstrual periods and intercalary losses from over-exertion, &c. Her appearance showed no functional disturbance; the whole trouble being directly the product of simple excessive hemorrhage. Dr. M. examined the vagina. He felt something unusual at the os uteri, and desired me to see his patient with him. I did so, and by the speculum discovered a tumor projecting slightly from the os, which last having with the cervix become very thin by the pressure, embraced the rounded end of the polypus, which it was, as does the prepuce the glans in an intense form of phymosis. A small probe was with great difficulty forced between the tumor and the neck. It was agreed that Mrs. ——— should take ergot, and when the tumor came within reach, that I should apply round it a ligature. The ergot was given, and the tumor was forced by it more than an inch out of the womb. It was about an inch in diameter. The

ligature was applied. Hemorrhage ceased the moment this was done, as it always does. The canulæ in a few days came away, the polypus following it, and convalescence and perfect recovery without accident ensued.

CASE VII.—This occurred in a young unmarried girl, aged 18. She was of exceeding fair complexion, with the lightest colored hair, and eyes in harmony. Nothing could exceed the whiteness of the skin, under the hemorrhages which accompanied her disease. It was like the most brilliant marble. The disease was at once diagnosed, and a ligature applied. In a few days the tumor dropped off, and recovery soon followed. The polypus differed from any I have seen either before or since. It was very firm, somewhat rough on its surface, but as white as snow.

CASE VIII.—This had existed between three and four years before it was diagnosed by Dr. ———, of ———, a few miles from town. It had been mistaken for disease of the liver—an organ which has many pathological sins to answer for, which in truth do no more belong to it than to the thymus gland. The skin had got that tawney, yellow, dirty tone of color, which chronic disease, with or without hemorrhage, so often, so generally produces. How strongly does it mark organic, malignant disease, especially in the female! The indications in Mrs. ———'s case were alteratives, astringents and tonics. The most regard would seem to have been paid to the latter, and carriage exercise most insisted upon. This did not, however, at all diminish the flow. The patient *rather thought* it increased it, and I should not wonder if it did. In the absence or illness of this lady's regular attendant, Dr. ——— was called in. He found her exceedingly ill. She was exanguious—emaciated—too feeble to leave her bed. I was desired to meet him in consultation, which I did. The polypus was found reaching almost to the external organs. By the speculum it exhibited a dirty grey hue, and was of a flabby texture. An offensive, thick, dark-colored discharge accompanied the use of the speculum. It was agreed that the ligature should be applied. This was done in a day or two. In about five days the canulæ came away, *having attached to it the tumor*. The ligature was in place, and as tightly drawn as it could be. The pedicle had separated at its base, about half an inch above the ligature. This is the only instance in which this has occurred, and verifies a remark made by Gooch, that it matters not where is the ligature. All above it dies and is cast off, as is the umbilical cord, no matter how far from the abdomen it has been tied. Case IV. furnishes evidence to the same effect. A practical remark might be hazarded here. Case VII. shows how exceedingly important is manual examination in profuse menstrual periods—and, let me add, during a period; for at such the uterine contractions which accompany the periods often bring a polypus within reach, and the patulous or relaxed state of cervix and os will aid exploration.

Two cases, and but two, have occurred in my experience, in which pain followed the ligature.

CASE IX.—Mrs. ———, married, without children, had suffered long profuse flowing at menstrual periods, and growing very feeble sent for her physician, my friend Dr. Homans. Examination discovered a tumor protruding from the os uteri. I was asked to see Mrs. ———, and confirmed the diagnosis previously made. The tumor was hard, insensible and smooth. It was more flattened than I had found such masses, had a broader base, and resembled somewhat in shape the inverted womb. A ligature was applied, and tightly drawn. This gave pain. It was not severe, and it was agreed not to loosen the ligature, but to wait in order to ascertain if the pain would continue, increase or subside. It gradually became less, and at length entirely went off. The tumor came off in about a week, and the patient soon recovered. As the base was large, no distinct pedicle having been felt, the ligature was probably applied very near to its base, or the womb, and in this way the pressure upon the polypus reached a portion of the womb, or by dragging it produced the pain.

[To be continued.]

"PUERPERAL FEVER AS A PRIVATE PESTILENCE."*—A REVIEW.

[Communicated for the Boston Medical and Surgical Journal.]

THIS able and eloquent production is a re-print, with additions, of a pamphlet published in 1843, to prove that puerperal fever is a contagious disease. To our own mind it has proved this point conclusively. Highly favorable opinions were long ago expressed of its ability and of the force of its argument. We quote a few from foreign sources. Copland, in his Dictionary, affirms it to be a "very sensible and able memoir," and quoting it freely, adopts the language of Dr. Holmes, in saying that "the fact of the contagious nature of this malady is completely set at rest by the evidence." Robert Storrs, an English writer upon this subject, whose paper is endorsed in being quoted in the annual report of the English Registrar-General (1843), says, "Dr. Holmes's paper proves, I think indisputably, the contagiousness of this disease." Ramsbotham, in his Midwifery, says of it—"The best paper in any language, with which I am acquainted, written to prove the highly contagious nature of puerperal peritonitis, is by Dr. Oliver Holmes.*** It is a masterly performance, and well worth perusal by any sceptics on the subject."

Among the believers in the contagiousness of this disease are the following, cited by Dr. Holmes:—"Gordon, John Clarke, Denman, Burns, Young, Haighton, Good, Waller, Blundell, Gooch, Ramsbotham, Douglas, Lee, Ingleby, Locock, Abercrombie, Alison, Travers, Rigby and Watson." The point of discussion we presume to be this: *Is puerperal fever sometimes contagious, and remarkably so?* Nobody believes that exposure is always followed

* Puerperal Fever as a Private Pestilence. By Oliver Wendell Holmes, Parkman Professor of Anatomy and Physiology in Harvard University.

by contagion. On the contrary, a puerperal patient is no more likely to contract this disease from an affected patient or from the physician who has attended her, than she is to contract smallpox, if unvaccinated, from similar exposure to that disease. Instances of such escape and exemption are within the knowledge of every physician. Yet a chance of contagion exists; sometimes to an alarming extent. The opinions to which Dr. Holmes has been conducted by the evidence, give rise to such expressions as the following, from his pamphlet:—

"I cannot doubt that most readers will be satisfied and convinced, to loathing, long before they have finished the dark obituary calendar laid before them."

"The number of consecutive cases, in many instances frightful."

"It does appear a singular coincidence, that one man or woman should have ten, twenty, thirty, or seventy cases of this rare disease, following their footsteps with the keenness of a beagle, through the streets and lanes of a crowded city, while the scores that cross the same paths on the same errands know it only by name. It is a series of similar coincidences that has led us to consider the dagger, the musket, and certain innocent-looking white powders, as having some little claim to be regarded as dangerous."

"I have no wish to express any harsh feeling with regard to the painful subject that has come before us. If there are any so far excited by the story of these dreadful events, that they ask for some word of indignant remonstrance, to show that science does not turn the hearts of its followers into ice or stone, let me remind them that such words have been uttered by those who speak with an authority I could not claim.* It is as a lesson rather than as a reproach that I call up the memory of these irreparable errors and wrongs. No tongue can tell the heart-breaking calamity they have caused; they have closed the eyes just opened upon a new world of love and happiness; they have bowed the strength of manhood into the dust; they have cast the helplessness of infancy into the stranger's arms, or bequeathed it, with less cruelty, the death of its dying parent. There is no tone deep enough for regret, and no voice loud enough for warning. The woman about to become a mother, or with her new-born infant upon her bosom, should be the object of trembling care and sympathy wherever she bears her tender burden, or stretches her aching limbs. The very outcast of the streets has pity upon her sister in degradation, when the seal of promised maternity is impressed upon her. The remorseless vengeance of the law, brought down upon its victim by a machinery as sure as destiny, is arrested in its fall at a word which reveals her transient claim for mercy. The solemn prayer of the liturgy singles out her sorrows from the multiplied trials of life, to plead for her in the hour of peril. God forbid that any member of the profession to which she trusts her life, doubly precious at that eventful period, should hazard it negligently, unadvisedly, or selfishly!"

After this forcible expression of opinion, fully authorized, as we think, by the evidence which constitutes the body of the pamphlet, and to which we shall presently allude, it will be asked whether any contrary opinion is entertained upon this subject. In reply, it may be stated that in a recent work, Prof. Meigs, of the Jefferson School of Pennsylvania, has zealously maintained the non-contagious character of the disease; while Prof. Hodge, of the University of Pennsylvania, has supported the same view in an introductory address to that school of medicine.

"The teachings," says Dr. Holmes, "of the two Professors in the great schools of Philadelphia are sure to be listened to, not only by their immediate pupils, but

* Dr. Blundell and Dr. Rigby in the works already cited.

by the profession at large. * * * * * I ask no personal favor; but I beg to be heard, in behalf of the women whose lives are at stake, until some stronger voice shall plead for them."

"Let the men who mould opinions look to it; if there is any voluntary blindness, any interested oversight, any culpable negligence, even, in such a matter, and the facts shall reach the public ear; the pestilence-carrier of the lying-in chamber must look to God for pardon, for man will never forgive him."

This public teaching of the doctrine of non-contagion is one apparent motive for the present publication. But we think that Dr. Holmes exaggerates the effect of any public announcement of opinion whatever, provided it can be met with such evidence and authority as that presented in this instance upon the other side. It is true that Prof. Meigs says—

"I have, in numerous instances, gone from the bedside of women dying with childbed fever, whether sporadic, or to the most malignant degree epidemic, without making my patients sick. I have also endeavored to assist my brethren, when they had such cases and I had none."

And in another place—"I have long ago decided for myself to go on" doing so. But a part, at least, of the public seem to distrust these opinions of Prof. Meigs; as we infer when he says—

"I have been unceremoniously set aside, after having been for months engaged, even for some who owed me impayable gratitude for the services I had for years rendered them. And this treatment I got, not because I merited it, for I did not merit to be regarded as a private pestilence, nor was I found to be so, in fact, by those who had more good sense, or who could appreciate the feelings with which a physician finds himself to be looked upon as a peripatetic pestilence, or poisoner of women for love of gain, or what is worse, stupidity."

Prof. Meigs, as a representative of the theory of non-contagion, appears to overestimate the value of his negative evidence, especially in the face of the extraordinary array of positive testimony offered in the present case. It is quite possible that, as he affirms, he has never transmitted the disease from one patient to another; but it does not follow that others have been as fortunate. If puerperal fever has followed in the track of any practitioner through a dozen successive labor cases, when it occurred nowhere else in that vicinity, the reasoning faculty will associate these cases with their medical attendant. When this occurs again and again, such an inference is inevitable. But Prof. Meigs has little charity for those who differ from him in opinion. The late Dr. Gooch, "an admirable writer, and most learned man, a most firm believer in the contagion of puerperal fever," is a "*gobe-mouche*" of material to feed his prejudices upon this subject; and the efforts of certain younger, or, as Prof. Meigs designates them, "sophomore writers," are "dreamings, jejune and fizenless"; an expletive we have not found in any human dictionary. Yet Prof. Meigs can speak with force upon the other side. In the following startling picture, the consequences of his theory seem to rise before the imagination of the non-contagionist almost like a nightmare. He says—

"Is contagion a truth? Then, for heaven's sweet sake, I implore you not to lay your poisoned hands upon her who is committed to your science and skill and

charitable goodness, only for her safety and comfort, and not that you should, after collecting fees, soon return her to her friends a putrid corpse. What a horrid idea!"

Horrid, indeed! Let us hope that the most callous obstetrician would recoil from so hideous a way of getting his fees. But the exclamation is more suggestive of the emotions of some tender miss, who furtively musing on the contingencies which may result from the love she hopes to bear her future lord, accidentally peruses Prof. Meigs's statement, and is petrified by his circumstantial revelation of professional practices.

A few cases will give an idea of the general character of the evidence adduced by Dr. Holmes.

"In a letter to be found in the *Lond. Med. Gaz.* for Jan., 1840, Mr. Robertson, of Manchester, makes the statement which I here give in a somewhat condensed form.

"A midwife delivered a woman on the 4th of December, 1830, who died soon after with the symptoms of puerperal fever. In one month from this date the same midwife delivered thirty women, residing in different parts of an extensive suburb, of which number sixteen caught the disease and all died. These were the only cases which had occurred for a considerable time in Manchester. The other midwives connected with the same charitable institution as the woman already mentioned, are twenty-five in number, and deliver, on an average, ninety women a week, or about three hundred and eighty a month. None of these women had a case of puerperal fever. Yet all this time this woman was crossing the other midwives in every direction, scores of the patients of the charity being delivered by them in the very same quarters where her cases of fever were happening."

"Mr. Robertson remarks, that little more than half the women she delivered during this month took the fever; that on some days all escaped, on others only one or more out of three or four; a circumstance similar to what is seen in other infectious maladies."

And again—

"Dr. Condie called the attention of the College of Physicians of Philadelphia, in 1842, to the prevalence, at that time, of puerperal fever of a peculiarly insidious and malignant character. 'In the practice of one gentleman extensively engaged as an obstetrician, nearly every female he has attended in confinement, during several weeks past, within the above limits' (the southern sections and neighboring districts), 'had been attacked by the fever.'"

"An important query presents itself, the doctor observed, in reference to the particular form of fever now prevalent. Is it, namely, capable of being propagated by contagion, and is a physician who has been in attendance upon a case of the disease, warranted in continuing, without interruption, his practice as an obstetrician? Dr. C., although not a believer in the contagious character of many of those affections generally supposed to be propagated in this manner, has nevertheless become convinced by the facts that have fallen under his notice, that the puerperal fever now prevailing is capable of being communicated by contagion. How otherwise can be explained the very curious circumstance of the disease in one district being exclusively confined to the practice of a single physician, a Fellow of this College, extensively engaged in obstetrical practice—while no instance of the disease has occurred in the patients under the care of any other accoucheur practising within the same district; scarcely a female that has been delivered for weeks past has escaped an attack?"

"Dr. Rutter, the practitioner referred to, 'observed that after the occurrence of a number of cases of the disease in his practice, he had left the city and remained absent for a week, but on returning, no article of clothing he then wore having been used by him before, one of the very first cases of parturition he attended was followed by an attack of the fever, and terminated fatally; he cannot readily, therefore, believe in the transmission of the disease from female to female, in the person or clothes of the physician.'"

"The meeting at which these remarks were made was held on the 3d of May, 1842. In a letter dated December 20, 1842, addressed to Dr. Meigs, and to be found in the Medical Examiner,* he speaks of 'those horrible cases of puerperal fever, some of which you did me the favor to see with me during the past summer,' and talks of his experience in the disease, 'now numbering nearly seventy cases, all of which have occurred within less than a twelvemonth past.'"

"A young practitioner, contrary to advice, examined the body of a patient who had died from puerperal fever; there was no epidemic at the time; the case appeared to be purely sporadic. He delivered three other women shortly afterwards; they all died with puerperal fever, the symptoms of which broke out very soon after labor. The patients of his colleague did well, except one, where he assisted to remove some coagula from the uterus; she was attacked in the same manner as those whom he had attended, and died also." The writer in the British and Foreign Medical Review, from whom I quote this statement—and who is no other than Dr. Rigby—adds, 'We trust that this fact alone will forever silence such doubts, and stamp the well-merited epithet of "criminal," as above quoted, upon such attempts.'

"From the cases given by Mr. Ingleby, I select the following. Two gentlemen, after having been engaged in conducting the *post-mortem* examination of a case of puerperal fever, went in the same dress, each respectively, to a case of midwifery. 'The one patient was seized with the rigor about thirty hours afterwards. The other patient was seized with a rigor the third morning after delivery. *One recovered, one died.* One of these same gentlemen attended another woman in the same clothes two days after the autopsy referred to. 'The rigor did not take place until the evening of the fifth day from the first visit. *Result fatal.*' These cases belonged to a series of seven, the first of which was thought to have originated in a case of erysipelas. 'Several cases of a mild character followed the foregoing seven, and their nature being now most unequivocal, my friend declined visiting all midwifery cases for a time, and there was no recurrence of the disease.' These cases occurred in 1833. Five of them proved fatal. Mr. Ingleby gives another series of seven cases which occurred to a practitioner in 1836, the first of which was also attributed to his having opened several erysipelous abscesses a short time previously.

"At a meeting of the Medical and Chirurgical Society before referred to, Dr. Merriman related an instance occurring in his own practice, which excites a reasonable suspicion that two lives were sacrificed to a still less dangerous experiment. He was at the examination of a case of puerperal fever at 2 o'clock in the afternoon. *He took care not to touch the body.* At 9 o'clock the same evening he attended a woman in labor; she was so nearly delivered that he had scarcely anything to do. The next morning she had severe rigors, and in forty-eight hours she was a corpse. Her infant had erysipelas and died in two days."

The alliance of puerperal fever and erysipelas has been long more than suspected.

"I will only say," says Dr. Holmes, "that the evidence appears to me altogether satisfactory that some most fatal series of puerperal fever have been produced by an infection originating in the matter or effluvia of erysipelas."

A long array of such evidence is offered, much of it in detail, some quoted, some here for the first time given to the public. In the words of Dr. Holmes,

"More than thirty strings of cases, more than two hundred and fifty sufferers from puerperal fever, more than one hundred and thirty deaths, appear as the results of a sparing estimate of such among the facts I have gleaned as could be numerically valued. These facts constitute, we may take it for granted, but a small fraction of those that have actually occurred. The number of them might be greater, but 'tis enough, 't will serve,' in Mercutio's modest phrase, so far as

* For January 21, 1843.

frequency is concerned. For a just estimate of the importance of the singular circumstance, it might be proper to consult the languid survivors, the widowed husbands, and the motherless children, as well as 'the unfortunate accoucheur.' "

"I only ask the student to read the facts stated by Dr. Condie, as given in my Essay, and say whether or not a man should allow his wife to be attended by a practitioner, in whose hands 'scarcely a female that has been delivered for weeks past has escaped an attack,' 'while no instance of the disease has occurred in the patients of any accoucheur practising in the same district. If I understand Dr. Meigs and Dr. Hodge, they would not warn the physician or spare the patient under such circumstances. They would 'go on,' if I understand them, not to seven, or seventy, only, but to seventy times seven, if they could find patients. If this is not what they mean, may we respectfully ask them to state what they do mean, to their next classes, in the name of humanity, if not of science.'

When it is remembered that all this evidence is arrayed to support the position, not that puerperal fever is always contagious, but that it is often so, and that it is sometimes contagious in a virulent and alarming degree, and that it calls for great precaution on the part of the practitioner; the question must be considered as settled, definitely. It surely will not excite surprise that new truth should meet with opposition. Such is its frequent experience. We need only recur to the yet recent history of anæsthesia, which neither opposed the daily interests of family practitioners, nor did it conflict with preconceived opinion; and yet, even at this day, with the acclamation of the world in its behalf, it has, if we are well informed, some few opponents, who have continued so consistent from the first as still to maintain a firm and undeviating opposition to its use. We desire to express the full strength of our conviction of the futility of opposition to preponderating evidence. 'To give it utterance, we could almost avail ourselves of the gratuitous expletive bestowed upon the unfortunate "jejune and sophomore writers" before mentioned. But we entertain only the highest consideration for the distinguished professor of the Philadelphia school, and hesitate to meddle with a rhetorical engine whose latent forces we are wholly unacquainted with.

The following are Dr. Holmes's conclusions. We commend the pamphlet to every physician, as a convincing argument, and a production of distinguished literary ability.

"If any should care to know my own conclusions, they are the following; and in taking the liberty to state them very freely and broadly, I would ask the inquirer to examine them as freely in the light of the evidence which has been laid before him:—

"1. A physician holding himself in readiness to attend cases of midwifery, should never take any active part in the post-mortem examination of cases of puerperal fever.

"2. If a physician is present at such autopsies, he should use thorough ablution, change every article of dress, and allow twenty-four hours or more to elapse before attending to any case of midwifery. It may be well to extend the same caution to cases of simple peritonitis.

"Similar precautions should be taken after the autopsy or surgical treatment of cases of erysipelas, if the physician is obliged to unite such offices with his obstetrical duties, which is in the highest degree inexpedient.

"4. On the occurrence of a single case of puerperal fever in his practice, the physician is bound to consider the next female he attends in labor, unless some

weeks, at least, have elapsed, as in danger of being infected by him, and it is his duty to take every precaution to diminish her risk of disease and death.

"5. If within a short period two cases of puerperal fever happen close to each other, in the practice of the same physician, the disease not existing or prevailing in the neighborhood, he would do wisely to relinquish his obstetrical practice for at least one month, and endeavor to free himself by every available means from any noxious influence he may carry about with him.

"6. The occurrence of three or more closely-connected cases, in the practice of one individual, no others existing in the neighborhood, and no other sufficient cause being alleged for the coincidence, is *prima facie* evidence that he is the vehicle of contagion.

"7. It is the duty of the physician to take every precaution that the disease shall not be introduced by nurses or other assistants, by making proper inquiries concerning them, and giving timely warning of every suspected source of danger.

"8. Whatever indulgence may be granted to those who have heretofore been the ignorant causes of so much misery, the time has come when the existence of a *private pestilence* in the sphere of a single physician should be looked upon not as a misfortune but a crime; and in the knowledge of such occurrences, the duties of the practitioner to his profession, should give way to his paramount obligations to society."

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

[The winter term of service being concluded, the medical department at this Hospital during the spring months will be under the care of Drs. Storer and Shattuck, and the surgical department under the charge of Drs. J. M. Warren and H. G. Clark.]

Rheumatism of Pelvis.—(Under Dr. H. I. BOWDITCH. Reported by HENRY K. OLIVER, Jr. House Physician.) Richard N., Irish laborer, unmarried, æt. 33. Nov. 14th, 1854. Patient was transferred from surgical ward. Record made by House Surgeon on entrance, Oct. 19th. "Patient is a man of impenetrable stupidity. A habit of saying 'yes' to every question, renders it difficult to get a connected history of his case. Has always been healthy till 4 months ago, when he met with some kind of accident connected with a horse—a fall, probably. Some three weeks after that, had dull pains about pelvis. Went to Deer Island Hospital, where he was blistered, &c., with relief. After coming from the Island had a relapse, and was worse than ever. Now, some redness observed towards end of sacrum, probably from pressure; perhaps some projection at top of sacrum. Tenderness, on pressure, from middle of small of back to coccyx; also along crest of right ilium, for two or three inches; also in right thigh. Cannot bear weight on legs, but right leg is rather the better. Pain is dull and aching; pulse quiet; bowels much constipated."

"Oct. 21st. Had sunstroke last July, at Dedham, and was brought to Cholera Hospital in this city. Probably had none of those pains before. Can with difficulty get out of bed, and can bear weight only on right leg."

Nov. 15th. Chief trouble is evidently from pain on motion, about pelvis. He indicates both of Poupart's ligaments and the pubic region as the chief seats of trouble. On deep pressure, so as, apparently, to move symphysis, great tenderness. No special tenderness elsewhere. No swelling or redness near symphysis. Pain on outside and upper part of thighs on motion. Can draw up his legs in bed, easily, though sometimes obliged to raise the thighs with his hands. Gets out of bed with much difficulty, dragging, as it were, his pelvis after him—that evidently being the seat of pain. Apply 4 leeches over symphysis pubis. Urine, acid; density, 1,030. A considera-

ble deposit of oxalate of lime, in large crystals, with epithelium and vibrios. Urea in moderate excess. (Dr. J. Bacon.)

19th. Much relieved. Can bear pressure over pubes with considerable ease. Can sneeze without much trouble, which he has not been able to do before. Speaks of pain shooting round to back. Bowels well. Blister over ilium of right side.

21st. Pain in right hip relieved since blister. Last night pain in right elbow and knee. Vini Colchici, Elix. Opii.

Dec. 3d. Has been steadily improving since blister. Now rises from bed with comparative ease, and sits up for a time.

4th. Up; walks around without difficulty as to the pelvis. Some stiffness in knee and back. Still some pain in pelvis on sneezing.

6th and 10th. Pain in elbows, and in right knee, which is slightly reddened but not swollen. Warm douche to the affected parts every other day.

31st. Has steadily improved. Stiffness less. Looks perfectly well. Discharged well.

Compound Comminuted Fracture of both Feet.—(Under Dr. H. J. BIGELOW. Reported by CHAS. ELLERY STEDMAN, House Surgeon.) Feb. 24th. Female, unmarried, book pedlar. Fell under cars at Lynn Station, on East. R. R. Wounds dressed by Dr. Puleston, of Lynn, and patient sent by him to Hospital. Left foot; the skin is stripped from little toe, up, behind ankle, and three inches above it. Through this wound the internal structures feel like "a bag of knuckle bones." Right foot; the toes are completely mashed. Dr. H. J. Bigelow having been sent for, decided to amputate immediately, and patient having been etherized the left leg was removed by circular incisions, a little below the middle. Seven arteries tied. Muscles much contused. Right foot was amputated just anterior to tarso-metatarsal articulation, a flap being made from the plantar surface. Three arteries tied.

28th. Both stumps look sloughy. Yeast poultice.

Compound Fracture of Right Leg.—(Under the care of Dr. H. J. BIGELOW.)—Truckman, æt. 32. Married. From New Hampshire. Was driving truck heavily laden with wool, when the shaft horse, which he was leading by the head, fell and threw him down also; the shaft crushing his right leg. Oblique compound fracture a little below the middle of tibia; the point of which, denuded of periosteum, protrudes an inch through the integuments; wound $1\frac{1}{2}$ inch wide. Much hæmorrhage. Arteries at ankle sound; pulse 75. Is an intemperate man. Brandy 3ss. Beef tea. Side splint and fracture box.

28th. Wound sloughy.

Compound Fracture of Leg.—(Under the care of Dr. CABOT.) Feb. 24. An Irish woman, æt. 33. Was struck in middle of right leg by the tail of a truck which was backing up against a wall.—A small wound through integuments. Not much displacement. Fracture box and pads.

Compound Fracture of Thigh—Compound Fracture of Arm—Fracture of Jaw.—Feb. 27. Irish laborer, æt. 42. Different accounts were given respecting the accident, the man being probably drunk at the time. Says he fell under the connecting rod of a steam engine. The fracture of the thigh is very bad. Dr. Cabot proposed amputation, which the patient re-

fused. Sanborn's splint for thigh. Jaw wired together. Straight splints to arm.

March 1st. Comfortable.

Fracture of Right Ankle—Compound Fracture of Leg.—Feb. 27. Irish laborer, æt. 42; intemperate. A bale of hemp fell on him and knocked him down. Small wound just below tuber of tibia, bleeding freely. Oblique fracture of tibia, and dislocation of head of fibula. Hæmorrhage with difficulty repressed. Posterior tibial artery sound. Goodwin's double inclined plane for left leg. Fracture box and pads for right. Beef tea; ale.

28th. Leg looks very much swollen; is tense and painful.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE SUFFOLK DISTRICT MEDICAL SOCIETY. BY J. B. ALLEY, M.D., SECRETARY.

THE regular monthly meeting of the Society was held on Saturday evening, Feb. 24th,—the President in the Chair. The Secretary read the Records of the last meeting.*

Dr. J. S. JONES exhibited the pharynx, larynx and trachea of a patient who had been long under treatment for syphilitic sore throat, but who had finally died of pneumonia. The parts were studded with extensive ulcerations.

Dr. HODGES exhibited a specimen which he had found in the dissecting room, of a dislocation of the knee backwards. Nothing was known of the history of the case. Dr. H. also exhibited a hand recently amputated by Dr. H. J. Bigelow. Six years previous, the patient had a thecal abscess which caused a singular union of the flexor tendons of the hand. Two years after, he struck his hand violently against some hard substance, and a caries of the carpal bones, involving the heads of the radius and ulna, supervened, which occasioned the removal of the hand.

Dr. BOWDITCH read an interesting letter from Dr. Morris, of Charlestown, containing an account of the sudden appearance of the cholera in the Mass. State Prison during the past summer, and the favorable results of the treatment.*

Dr. SLADE read an elaborate and interesting paper upon a peculiar morbid condition of the urinary organs, which has not been recognized heretofore by writers upon diseases of that viscus. To M. Caudemont, of Paris, is due the merit of first calling the attention of the profession to it as a distinct disease. Dr. S. described the neck of the bladder as not being limited to the urethro-vesical orifice, as stated by some writers, but as occupying the entire membranous and prostatic portions of the canal, and proved the existence of muscular fibre, surrounding the membranous portion of the urethra, and arranged in such a manner as by their action to diminish and even to close the canal. The symptoms of the disease consist chiefly in the difficulty which attends micturition, and in pain, though the latter is not a necessary accompaniment of contraction of the neck of the bladder. It may be only a slight tickling, or it may be acute and lancinating. There is one peculiar pain, which is eminently characteristic of this disease, and this is felt just at the commencement of micturition, and is due to the forced opening of the contracted muscular fibres. Another method of diagnosis is the

* This paper is in the hands of the editors for publication in the Journal.

introduction of the catheter, and the instrument best adapted for the purpose is a medium-sized gum-elastic bougie with an olive-shaped button head. The treatment divides itself into medical or surgical, according to the nature of the symptoms. Among the first mentioned are the preparations of iron and the iodide of potassium, with sulphur baths, frictions and douches; and in cases of incontinence of urine in children, much benefit may be derived from the use of belladonna. In the surgical treatment the gradual dilatation of the canal by means of wax bougies is the most successful in its results. Cauterization is much more applicable to those cases depending upon chronic inflammation, and when a gleet discharge is present, than when the contraction depends upon a rheumatic diathesis. The paper closed with a series of cases, illustrative of the disease, and proving the efficacy of the mode of treatment adopted.

Dr. Dix reported the following case of a wound in the eye. The patient was struck obliquely in the eye from above downwards, by a small piece of steel, which perforated the cornea and embedded itself in the iris. Dr. Dix made an incision through the cornea over the piece of steel, and succeeded in removing it. A small quantity of blood flowed from the iris when the substance was removed. It was found, when the wound in the cornea had healed, that the lens was clear, and the iris less adherent to the cornea than before the operation, probably because a coagulum of blood had pushed the iris back from the adhesions consequent upon the original injury. The vision is good.

Dr. E. B. MOORE reported a case which had come under his observation about three years since. The patient was taken very suddenly with labor pains, and the child was born before the arrival of the physician. The attendant informed him that the after-birth had not come away. The physician introduced his hand quickly into the womb, and the woman said that he "pulled as if he were pulling her heart out." The placenta was found in the bed, and the same day Dr. Moore was called in, and found a portion of the neck of the womb protruding at the vulva, and ruptured. The rupture was on the posterior surface of the neck, and appeared to extend into the vagina. Drs. Buck and Storer saw the case in consultation, and verified the diagnosis. The woman finally recovered, and a few days since was delivered of a living child. The labor was normal until the head began to press upon the perineum, when the pains ceased and the head was delivered with the forceps without injury to mother or child. Both are now doing well.

Dr. HODGES alluded to a specimen which he had seen in the cabinet of the Dublin Hospital, where the os uteri was torn completely away in all its circumference, and which was considered one of the most interesting and valuable specimens in the collection.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 8, 1855.

"THE HYDROPATHIC MEDICAL COLLEGE."

WE have received a letter from R. T. Trall, M.D., proprietor of the "Hydropathic and Hygienic Institute" in New York, in allusion to Mr. Barnum's connection with a bill for incorporating a Hydropathic College, which was

the subject of some remarks in our issue of Feb. 22d. In accordance with the writer's suggestion, that "it is but justice to you, to the public, to him, and to us, that the *facts* should be correctly published," we willingly insert the following extracts from the letter, though we do not conceive that the explanation is calculated to raise the promoters of the scheme in the confidence of the public.

"Mr. Barnum's name was used without his consent, and even without his knowledge." * * * * "We selected some twenty or thirty names from which to select a Board of Trustees, provided the Bill should be reported. Some of these persons we have seen, and obtained their consent; others, being absent at the time, were not consulted. Mr. Barnum was among those who were absent, and hence entirely ignorant of the whole subject. Our agent at Albany presented our application, with all the names proposed, and it happened to please some reporter to select the name of Barnum, without mentioning any other name (Barnum's was *not* the first on the list), and thus entirely mislead you and others."

THE LATE DR. COCHRAN, OF NEW ORLEANS.

WE publish the following note, which is expressive both of respect for professional worth and of the writer's grateful recollection of the deceased. It is the more worthy of insertion, from the fact that the object of the remarks was quite a young man, while the writer is a Nestor in the profession; the former was a resident at the extreme South, the latter lives at nearly the farthest North; Dr. Cochran was of foreign birth, his eulogist is native-born.

"I noticed in a late New Orleans paper, the announcement of the death of Dr. J. C. Cochran, of that city. Possibly you may find a more appropriate notice of the event in a New Orleans Medical Journal, but I am so deeply impressed with a sense of the loss which the profession has sustained in his death, that I cannot refrain from offering a small tribute to his memory. I had no acquaintance with Dr. Cochran, except through mutual friends; and through a professional correspondence, consequent on his medical attendance on a member of my own family, under his care, a few years since, in Natchez. He was a thoroughly educated Irishman; refined, gentlemanly and unassuming in his manners; and ardently wedded to his profession, as a science. The correspondence between us in the case alluded to, amply demonstrated his thorough medical scholarship; his deep and comprehensive knowledge of pathology; and his uncommon tact in diagnosis. His treatment of the case was equally indicative of discrimination and skill, in the successful adaptation of remedies to a very formidable and obscure disease.

I have been told that he was educated in Philadelphia, and he probably commenced practice in Natchez; and subsequently removed to New Orleans. He must have been little more than 30 years old at the time of his death. The profession can ill afford to lose such men from its ranks.

St. Albans, Vt., Feb., 1855.

J. L. CHANDLER.

DEATH FROM INHALATION OF CHLORIC ETHER.

AN instance of death following the inhalation of an anæsthetic agent occurred on Tuesday, Feb. 27th, in Lynn, in this State. We shall give a correct account of the case from an authentic source in our next number. In the mean time, the facts as currently reported are as follows: * Mrs. Mary Farley, wife of Michael Farley, resident in Lynn, applied to Dr. Addison Davis, for the purpose of having a tooth extracted. At her urgent request, and

against the wishes of Dr. Davis, she inhaled ether. She exhibited no unusual symptoms until he attempted to open her mouth, when he discovered that her jaw was fixed. Every method was resorted to, to restore consciousness, but without effect. She died in about seven or eight minutes. The circumstances were investigated by a coroner's jury, who returned a verdict that "her death was caused by a congestion of the lungs, consequent upon the inhalation of ether, administered by Addison Davis. In returning their verdict, the jury wish to express their sense of approval of the course adopted by Dr. Davis in using every precautionary measure."

Bibliographical Notices.

Report of the Board of Trustees of the Massachusetts General Hospital. Boston. 1855. Pp. 30.

We should like to give a more extended notice of this report than our brief space in the present number will allow. At some future time we shall offer a succinct account of the two departments of the institution, which will, we doubt not, be of some interest to distant readers, and even to many nearer home. Meanwhile we will say that this Hospital is unsurpassed in the arrangements and appliances for the treatment and comfort of the sick; in the order and neatness which prevail throughout it, and in the fidelity and skill of its medical officers. During the last year, a new building has been opened for the reception of cases of an offensive or dangerous character, who might require immediate removal from the vicinity of other patients. Dr. George H. Gay has been appointed one of the surgeons, in place of the late Dr. Samuel Parkman. During the past year there were admitted into the General Hospital 922 patients. Of this number 423 were discharged well, 257 relieved, 73 not relieved, 41 not treated, and 115 died. The whole number under advice or treatment during the year was 1041. At the McLean Asylum for the Insane there were received during the past year 120 patients, and the same number were discharged—of whom 59 recovered; 7 much improved; 14 improved; 15 not improved; 16 died.

Report by the City Registrar of the Births, Marriages and Deaths in the City of Boston for the Year 1854. Boston. 1855. Pp. 33.

This valuable and interesting document reflects great credit on the industry and ability of Mr. N. A. Apollonio, the City Registrar. We are sorry we have not room for a more extended notice, but as the work will speak for itself, we commend it to the perusal of every medical man who can obtain a copy. We would especially call attention to the remarks under "Mortality of the Year," touching the causes of inaccuracy in the returns of the particulars of deaths.

Registration of Births, Marriages and Deaths in Massachusetts for the Year ending Dec. 31, 1853. By EPHRAIM M. WRIGHT, Secretary to the Commonwealth. Boston 1854. Pp. 176.

The Twelfth Registration Report compares favorably with any of its predecessors. When we say that the "Abstracts have been compiled and prepared from the original returns under the active superintendence of Nathaniel B. Shurtleff, M.D., who had charge of the Registration Report of the last year," no farther evidence of its accuracy and of its value is necessary. We are glad to see that much more promptness is observed by the cities and towns in transmitting returns to the Secretary's office. "The present Report contains the accumulated results of more than twelve years; and should, therefore, serve as a fair criterion in America wherefrom to deduce facts relative to vital and mortuary statistics as existing in this country." The Report is an honor to Massachusetts.

Sanitary Report of the City of Buffalo for the Year 1854. Buffalo. 1855. Pp. 57.

This document is chiefly composed of a "Cholera Report of the Health Physician," James M. Newman, M.D., an elaborate and well-written paper, comprising a description of the disease as it appeared in that city during the months of July, August and September; an investigation into its causes, and suggestions for the protection of the

city against future epidemics. Appended to the Report is a series of meteorological tables, prepared by Dr. S. B. Hunt, and also an ingenious and interesting "Cholera Chart," showing at a glance the daily progress and locality of the epidemic.

MASSACHUSETTS MEDICAL COLLEGE.—The following is a list of the gentlemen who were examined on the 28th ult., and approved for the medical degree; with the subjects of their dissertations.

John Ellis Blake, A.B., Harvard. *Aneurisms.*

Augustus Porter Chamberlaine, A.B., Harvard. *The General Management of the Patient.*

McLaurin Furber Cooke, A.B., Dartmouth. *Generation and Development.*

Albert Chase Folsom. *Chemical Nature of Disease.*

Nathaniel Everett Gage. *Anæsthesia.*

Nathan Hayward, A.B., Harvard. *The Decomposition of Organic Substances by the action of Fermentation.*

Augustus Choate Hamlin. *Uric Acid.*

Samuel Foster Haven, A.B., Harvard. *Intestinal Obstructions.*

Silas Atherton Holman. *Cholera.*

Anson Parker Hooker, A.B., Harvard. *Injuries of the Head.*

James Metcalf Horne, Jr. *Typhus Fever and Typhoid Fever.*

Samuel Keep. *Typhoid Fever.*

Benjamin Willis Kinsman, A.B., Brown. *Dysentery.*

Joseph Warren Odell, A.B., Dartmouth. *The Management of Natural Labor.*

Henry Kemble Oliver, Jr., A.B., Harvard. *Topical Medication in Diseases of the Throat and Air-passages.*

Calvin Gates Page, A.B., Harvard. *Cholera Asiatica.*

Albert Potter. *Hypertrophy of the Prostate.*

Horace Richardson, A.B., Harvard. *The Evils of Homæopathy.*

Henry Rockwood. *Pseudo-Membranous Croup.*

Leonard Franklin Russell. *Phthisis.*

George McLellan Staples, A.M., Waterville. *Ascites.*

Charles Ellery Stedman, A.B., Harvard. *Loose Cartilages in the Knee-joint.*

George Grenville Tucker. *Epilepsy.*

Adoniram Judson Wakefield. *Biliary Calculi.*

Horatio Hancock Fiske Whittemore, A.B., Harvard. *Scorbutus.*

Frederick Winsor, A.B., Harvard. *The Complications, Sequelæ and Recurrence of Smallpox.*

Franklin Augustus Wood. *Phthisis Pulmonalis.*

Elwell Woodbury. *Pleurisy.*

March 3d, 1855.

J. B. S. JACKSON, Dean of the Med. Faculty.

NOTICES.

The following communications are received. A new Form of Empiricism; On Innovation; On the Use of Hyposulphite of Soda in Inflammatory Rheumatism; A New Cure for Obstinate Bleeding following the Extraction of a Tooth; Report of a Singular Case of Disease, attended by Peculiar Nervous Symptoms; Laryngeal Phthisis; A Case of Placenta Prævia.

Letters and Reviews of Prof. P. F. Eve upon Dr. R. W. January, by Prof. Philo, O. S. R. Nashville, 1854.—Report of the Pennsylvania Hospital for the Insane, for the year 1854. By Thomas S. Kirkbride, M.D., Physician to the institution. Philadelphia, 1855.—Error of Position, being a Discussion of the Ultra Medical Policy of the American Medical Association, by Prof. Milo, O. S. R. Nashville.—An Essay to Prove the Contagious Character of Malignant Cholera, by Bernard M. Byrne, M.D., U. S. Navy.—Massachusetts Register for 1855, by George Adams.—Compendium of United States Census, from Hon. Charles Sumner.

Under the Heading of Reports of Medical Societies, in our last number, the extracts were erroneously stated to be from the Society for Medical Improvement; it should read from the "Society of Medical Observation." In the last line but four, on page 84, for "actual coats," read aortic coats." Page 87, line 6, for "members of the profession," read "numbers of the profession."

Deaths in Boston for the week ending Saturday noon, March 3d, 73. Males, 38—females, 40.

Asthma, 1—accident, 1—inflammation of the brain, 1—disease of the brain, 1—congestion of the brain, 1—bronchitis, 1—consumption, 16—croup, 4—caries, 1—dysentery, 2—dropsy, 3—dropsy in the head, 1—infantile diseases, 5—puerperal, 1—exposure, 1—typhoid fever, 1—scarlet fever, 1—hooping cough, 2—disease of the heart, 1—inflammation of the lungs, 9—hemorrhage of the lungs, 1—marasmus, 4—measles, 1—old age, 1—premature birth, 1—palsy, 1—pleurisy, 1—scrofula, 1—suicide, 1—smallpox, 2—teething, 2—thrush, 1—scalded, 1—worms, 1—unknown, 5.

Under 5 years, 37—between 5 and 20 years, 3—between 20 and 40 years, 14—between 40 and 60 years, 10—above 60 years, 9. Born in the United States, 61—British Provinces, 1—Ireland, 15—England, 1.

Operations at the Mass. General Hospital, Saturday, Feb. 24th.—Strangulation of small naevus on forehead. Child 1 year old. Dr. H. J. Bigelow.—Strangulation of large naevus in groin. Child 6 months old. Dr. H. J. Bigelow.—Strangulation of naevus of lip. Child one year old. Dr. Cabot.—For hare-lip. Boy 10 months old. Dr. Cabot.—For hare-lip. Boy 4 weeks old. Dr. H. J. Bigelow.—Evisceration of toe-nail. Dr. H. J. Bigelow.—In P.M. Amputation of finger. Amputation of foot. Amputation of leg. Dr. H. J. Bigelow.

Accidents admitted during the week.—Compound comminuted fracture of leg. Feb. 19th. Under the care of Dr. H. J. Bigelow. Man æ 29. Accident happened in Marlborough 6 days before, from fall of a lump of clay weighing 100 lbs. Sent down by railroad; very neatly adjusted by surgeon in M. Both arteries at foot sound. Fracture-box slung on railway over bed. Yeast poultice.

Compound fracture of femur, lower third. Feb. 21st. Under the care of Dr. H. J. Bigelow. Boy æ 14. Fell from shed 15 feet high, one hour before entrance. Some hæmorrhage. Arteries at foot sound. Desault's splint modified so as to allow wound to be easily dressed.

Luxation of sternal end of clavicle. Feb. 23d. Boy from Farm School, æ 14. Fell on the beach, he says, "with head turned under him." Figure of 8 bandage. Compress over dislocated end of bone. Arm in sling.

Massachusetts Medical Society.—We would state, for the information of members, that Dr. BENJAMIN E. COTTING, of Roxbury, has been chosen Recording Secretary, in place of the late Dr. SAMUEL PARKMAN.

Dr. JOSEPH MORRIN, an eminent physician of Quebec, attached to the Marine Hospital, Lunatic Asylum, &c., has recently been elected mayor of that city.

New Broth for the Sick.—Dr. Thudicum exhibited to the Medical Society of London, Dec. 9th, a new broth for the sick. To prepare this broth, half a pound of the flesh of a recently-killed animal (beef, or the flesh of a fowl) is chopped fine, and well mixed with a pound and an eighth of distilled water, to which four drops of pure muriatic acid, and from a half to a drachm of common salt, have been added. After an hour, the whole is thrown on a common hair sieve, and the fluid is allowed to run off without pressure. The first portion, which is turbid, is poured back, until the fluid runs off quite clear. On to the fleshy residue in the sieve half a pound of distilled water is thrown in small portions. In this way a pound of fluid (cold extract of meat) is obtained, of a red color, and an agreeable taste of broth. The sick are allowed to drink a cupful cold at pleasure. It must not be heated, as it then becomes turbid, and deposits a thick coagulum of animal albumen and hæmatin. The broth possesses great advantages over other preparations of meat, from containing albumen, and being remarkably easy of digestion. —*London Lancet.*

Medical Periodicals in the United States.—During the last 7 years many changes have taken place in our periodical medical literature.—There were in 1847, in the United States and the adjacent British Provinces, eighteen periodicals devoted to the interests of medicine and its collateral branches. Ours was the nineteenth enterprise of the kind. Of these nineteen, five have ceased to exist. Since the Reporter was commenced, thirty-three new periodicals have been commenced—nearly five a year. Of these, fourteen, or two a year, have been discontinued. During the last seven years, therefore, as many Journals have been discontinued as were in existence at the commencement of that period, and the number now in existence equals those that have been commenced in that time. There are also four re-prints of foreign medical works, making in all thirty-seven periodicals now existing in this country, devoted to the interests of medicine!—*N. J. Med. Reporter.*

Poison of the Rattlesnake.—There is good reason for the belief that its action is the same upon all living things, vegetables as well as animals. It is even just as fatal to the snake itself as to other animals, for Dr. Deering informed me that one of his specimens, after being irritated and annoyed in its cage, in moving suddenly, accidentally struck one of its fangs into its own body: it soon rolled over and died. Here, then, we have the remarkable and perhaps unique fact, of a liquid secreted directly from the blood which proves deadly when introduced into the very source (the blood) from which it is derived.—Dr. BURKETT, in the *Pharmaceutical Journal*.